

**SEP 28 2006****SMART & BIGGAR***Intellectual Property & Technology Law***To Fax no.:** (571) 273-8300P.O. Box 2999, Station D  
55 Metcalfe Street, Suite 900  
Ottawa, Canada K1P 5Y6**Page 1 of:** 10**Attention:** Examiner Jason E. Mattis  
Group Art Unit 2616Tel.: (613) 232-2486  
Fax: (613) 232-8440**From:** Mr. R. Allan Brett**Your file no.:** 10/038,915**Date:** September 28, 2006**Reply to file no.:** 71493-1044**Time:****Certificate of Transmission**

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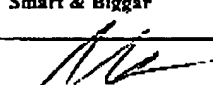
PTO/SB/21 (09-04)

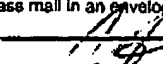
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/03R,915	<b>RECEIVED CENTRAL FAX CENTER SEP 28 2006</b>
	Filing Date	January 8, 2002	
	First Named Inventor	Jianglei Ma, et al	
	Art Unit	2616	
	Examiner Name	Jason E. Mattis	
Total Number of Pages in This Submission	9	Attorney Docket Number	71493-1044 /aba

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <b>Voluntary Amendment</b>
Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Smart & Biggar	
Signature		
Printed name	By: Allan Brett	
Date	September 28, 2006	Reg. No. 40,476

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>71493-1044</b>									
Applicant(s): <b>Jianglei Ma, et al</b>														
Application No. <b>10/038,915</b>	Filing Date <b>January 8, 2002</b>	Examiner <b>Jason E. Mattis</b>	Customer No. <b>07380</b>	Group Art Unit <b>2616</b>	Confirmation No. <b>1308</b>									
Invention: <b>SYSTEM ACCESS AND SYNCHRONIZATION METHODS FOR MIMO OFDM COMMUNICATIONS SYSTEMS AND PHYSICAL LAYER PACKET AND PREAMBLE DESIGN</b>														
<u>COMMISSIONER FOR PATENTS:</u>					<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>SEP 28 2006</b>									
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	28 -	56 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	3 -	8 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-2550</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 Signature			Dated: <b>September 28, 2006</b>											
<b>R. Allan Brett</b> <b>Registration No. 40,476</b>  <b>CUSTOMER NO. 07380</b>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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Appl. No. : 10/038,915 Confirmation No. 1308  
Applicant : Jianglei Ma, et al  
Filed : January 8, 2002  
TC/A.U. : 2616  
Examiner : Jason E. Mattis  
  
Docket No. : 71493-1044  
Customer No. : 07380

Commissioner for Patents  
Alexandria, VA 22313-1450  
U.S.A.

Dear Sir:

By way of voluntary amendment, please amend this application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 13 of this paper.